

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155298		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/20/2011	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE MANOR NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/20/11</p> <p>Facility Number: 000195 Provider Number: 155298 AIM Number: 100267690</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Cambridge Manor Nursing & Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This three story facility was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas not separated from the corridor. The facility has a</p>			K0000	<p>The plan of correction which follows, is in no way an admission that the survey is accurate in all facets. The plan of correction submitted by Cambridge Manor Healthcare and Rehabilitation is in response to the stated deficiencies in the survey conducted. Corrections based on observations were completed almost immediately.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0038 SS=E	<p>capacity of 135 and had a census of 90 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/22/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 1 of 4 second floor delayed egress locks was readily accessible for residents, staff and visitors. LSC 7.2.1.6.1, Delayed Egress Locks, says approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system installed in accordance with Section 9.6, or an approved, supervised automatic sprinkler system installed in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that:</p> <p>(a) The doors unlock upon actuation of an approved, supervised automatic sprinkler</p>			K0038	<p>All Residents, staff and visitors have the potential to be affected by this finding. Alarm Company was called on 7/20/2011 to check door lock and adjustment made on locking device, so door would release in 15 seconds with activation of signal. This will be checked monthly by maintenance supervisor and form will be kept on file in the maintenance office.</p>		07/21/2011

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	<p>system installed in accordance with Section 9.7, or upon the actuation of any heat detector or not more than two smoke detectors of an approved, supervised automatic fire detection system installed in accordance with Section 9.6.</p> <p>(b) The doors unlock upon loss of power controlling the lock or locking mechanism.</p> <p>(c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.</p> <p>Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted.</p> <p>(d) On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 inch high and at least 1/8 inch in stroke width on a contrasting background that reads: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS</p> <p>This deficient practice could affect any resident, staff or visitor wanting to exit</p>						

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	<p>the facility by the second floor center stairwell.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 1:05 p.m. on 07/20/11, the second floor center stairwell exit door is equipped with a delayed egress lock which can be opened by the application of force to release the device within 15 seconds but the exit door did not release upon the application of force for more than 15 seconds during four separate attempts to release the device and open the door. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the second floor center stairwell exit door is equipped with a delayed egress lock and the exit door would not release upon the application of force for more than 15 seconds for four separate attempts to release the device and open the door.</p> <p>3.1-19(b)</p>						

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K0050 SS=F	<p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on the second shift for 1 of 4 quarters. This deficient practice affects all occupants in the facility including residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Maintenance Supervisor from 9:35 a.m. to 11:00 a.m. on 07/20/11, there is no documentation of a fire drill being conducted on the second shift in the third quarter in 2010. Based on interview at the time of record review, the Maintenance Supervisor stated a fire drill was not conducted on the second shift of the third quarter of 2010 and acknowledged there is no documentation of a second shift third quarter fire drill available for review.</p> <p>3.1-19(b)</p>		K0050	<p>All residents, staff and visitors have the potential to be affected by this finding. A new monitor system is in place to review the book monthly by corporate supervisor and/or administrator to ensure the drill are conducted in each quarter timely, and during the proper shifts.</p>		08/01/2011	

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K0144 SS=F	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for the emergency generator was maintained for 52 of 52 weeks. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Weekly/Monthly</p>			K0144	<p>All residents, staff and visitors have the potential to be affected by this finding. A new form has been made on 7/21/2011 to include monthly/weekly battery inspections to be done by maintenance supervisor, or designee. (See attached form). All documents will be kept on file in the maintenance office.</p>		07/21/2011

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	<p>Load Test" documentation with the Maintenance Supervisor from 9:35 a.m. to 11:00 a.m. on 07/20/11, weekly emergency generator records for the fifty two week period from 07/20/10 through 07/19/11 documents the date of the weekly check and the time it was checked with no other documentation. Based on interview at the time of record review, the Maintenance Supervisor acknowledged no other weekly emergency generator documentation was available for review.</p> <p>3.1-19(b)</p>						